IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 24806 DATE 9/6/96 TAX MAP NO. 2K 2 B 12 Watershed: X Yes ☐ No

OWNER OR CONTRACTOR Chris Strom PHONE: Business 4646-07-7006 Home 664-9269

ADDRESS 269 Elysian Dr. Mooresville, NC. 28115

LOCATION Brawley Sch Rd Conover Lake Rd 1st Woodluck Lp. on (R) ~ 12th Lot

SUBDIVISION Lakeshore Est. BLOCK / SECTION ____ LOT 12 LOT AREA 99' x 205' SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .35

Septic Tank: 1000 Gallons; STB 825 Date 12/4/99
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1371 Linear Feet 345
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND

X New System ☐ Repair System Type: I, II, (III) IV, V, VI
System Description: CH - PLASTIC
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes X No

X House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other ____

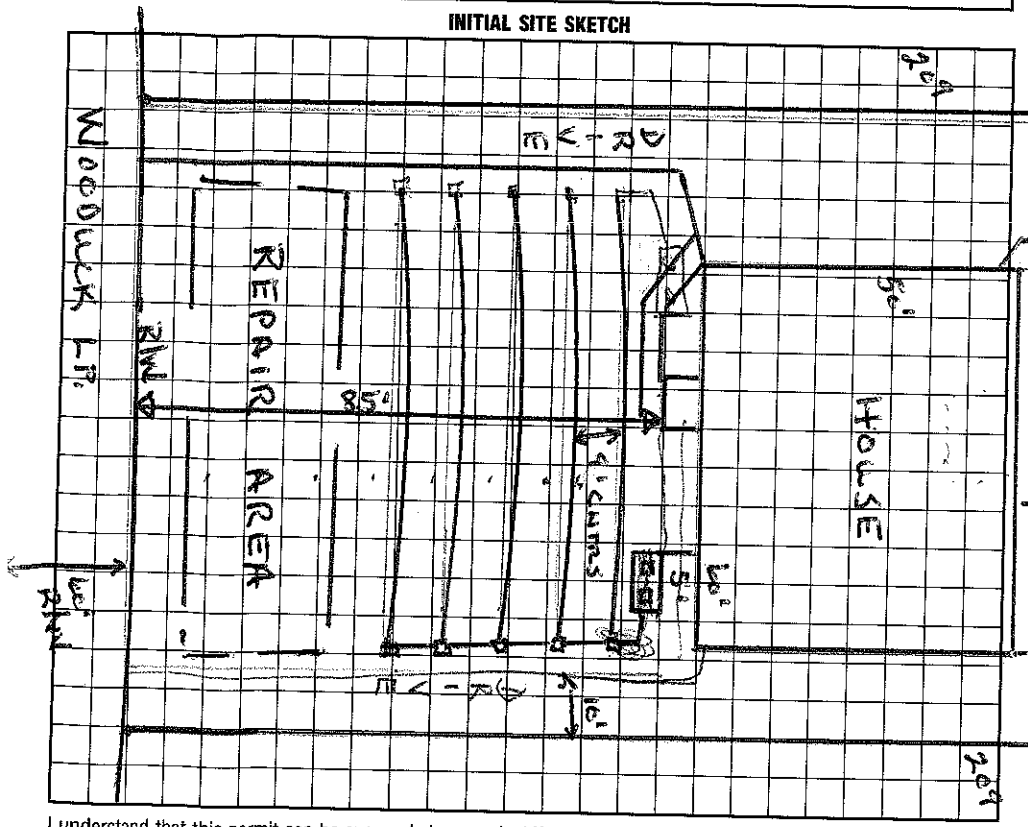
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Community ☐ Public

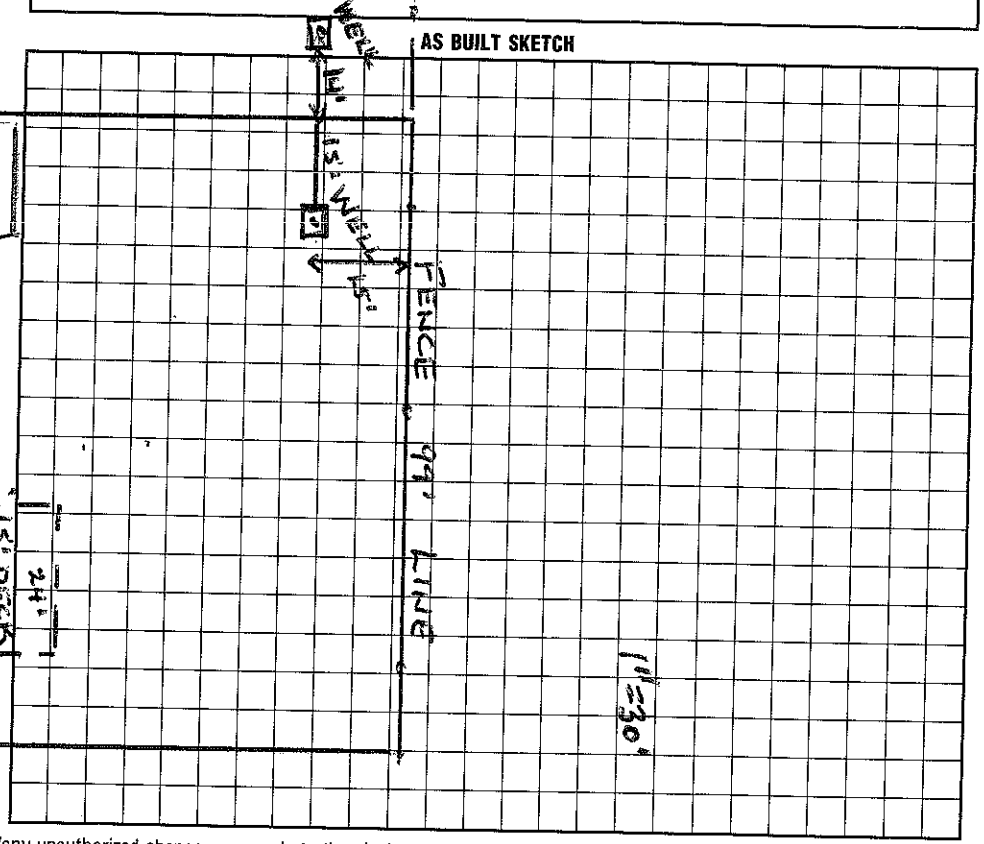
Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system.

Signed: X Monica Strom auth. contractor valid 5 years.

Improvement Permit by: Wesley Sparks RS. date 9/6/96

Existing System Inspection by: Wesley Sparks RS date 9/6/96

Installed by: Brown Septic Tank

Certificate of Completion by: Wesley Sparks RS. date 1/4/00

Operation Permit by: Wesley Sparks RS. date 1/14/00

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD